

## Deduction Codes and Plan Options for Open Enrollment May 2004

	Deduction Code	Plan Code	Rate
<b>Delta Dental Pre-Tax</b>			
Employee Only	115	T1	4.25
Employee and Spouse	115	T2	25.50
Employee and 1 Child	115	T3	21.25
Employee, Spouse and Child	115	T4	37.00
Employee and 2 or More Children	115	T5	33.00
Employee, Spouse and Children	115	T6	43.00
<b>Delta Dental Post-Tax</b>			
Employee Only	815	TA	4.25
Employee and Spouse	815	TB	25.50
Employee and 1 Child	815	TC	21.25
Employee, Spouse and Child	815	TD	37.00
Employee and 2 or More Children	815	TE	33.00
Employee, Spouse and Children	815	TF	43.00
<b>Blue Cross Traditional Coverage Pre-Tax</b>			
Employee Only	118	FA	28.50
Employee and Spouse with Dependent Vision	118	FB	72.00
Employee and Spouse <b>without</b> Dependent Vision	118	FC	70.00
Employee and 1 Child with Dependent Vision	118	FD	49.00
Employee and 1 Child <b>without</b> Dependent Vision	118	FE	46.00
Employee, Spouse and Child with Dependent Vision	118	FF	89.00
Employee, Spouse and Child <b>without</b> Dependent Vision	118	FG	85.00
Employee and 2 or More Children with Dependent Vision	118	FH	66.00
Employee and 2 or More Children <b>without</b> Dependent Vision	118	FI	63.00
Employee, Spouse and Children with Dependent Vision	118	FJ	101.00
Employee, Spouse and Children <b>without</b> Dependent Vision	118	FK	95.00
<b>Blue Cross Traditional Coverage Post-Tax</b>			
Employee Only	818	GA	28.50
Employee and Spouse with Dependent Vision	818	GB	72.00
Employee and Spouse <b>without</b> Dependent Vision	818	GC	70.00
Employee and 1 Child with Dependent Vision	818	GD	49.00
Employee and 1 Child <b>without</b> Dependent Vision	818	GE	46.00
Employee, Spouse and Child with Dependent Vision	818	GF	89.00
Employee, Spouse and Child <b>without</b> Dependent Vision	818	GG	85.00
Employee and 2 or More Children with Dependent Vision	818	GH	66.00
Employee and 2 or More Children <b>without</b> Dependent Vision	818	GI	63.00
Employee, Spouse and Children with Dependent Vision	818	GJ	101.00
Employee, Spouse and Children <b>without</b> Dependent Vision	818	GK	95.00

## Blue Cross PPO **Pre-Tax**

Employee Only	120	JA	23.00
Employee and Spouse with Dependent Vision	120	JB	61.00
Employee and Spouse <b>without</b> Dependent Vision	120	JC	59.00
Employee and 1 Child with Dependent Vision	120	JD	41.00
Employee and 1 Child <b>without</b> Dependent Vision	120	JE	38.00
Employee, Spouse and Child with Dependent Vision	120	JF	76.00
Employee, Spouse and Child <b>without</b> Dependent Vision	120	JG	72.00
Employee and 2 or More Children with Dependent Vision	120	JH	56.00
Employee and 2 or More Children <b>without</b> Dependent Vision	120	JI	53.00
Employee, Spouse and Children with Dependent Vision	120	JJ	86.00
Employee, Spouse and Children <b>without</b> Dependent Vision	120	JK	80.00

## Blue Cross PPO **Post-Tax**

Employee Only	820	KA	23.00
Employee and Spouse with Dependent Vision	820	KB	61.00
Employee and Spouse <b>without</b> Dependent Vision	820	KC	59.00
Employee and 1 Child with Dependent Vision	820	KD	41.00
Employee and 1 Child <b>without</b> Dependent Vision	820	KE	38.00
Employee, Spouse and Child with Dependent Vision	820	KF	76.00
Employee, Spouse and Child <b>without</b> Dependent Vision	820	KG	72.00
Employee and 2 or More Children with Dependent Vision	820	KH	56.00
Employee and 2 or More Children <b>without</b> Dependent Vision	820	KI	53.00
Employee, Spouse and Children with Dependent Vision	820	KJ	86.00
Employee, Spouse and Children <b>without</b> Dependent Vision	820	KK	80.00

Dental Employer Contribution amount	16.08
Medical Employer Contribution amount	525.02

## Flexible Spending Accounts:

FSA Medical Reimbursement Deduction Code	175
FSA Dependent Care Deduction Code	176